MFASIS HUMAN RESOURCE SYSTEM MILLENIUM SECURITY APPLICATION FORM FOR LINE AGENCIES	
DEPARTMENT:	
(Check one)	JNCTIONAL RESPONSIBILITY FOR: (Check one)
<ul> <li>O Administrative Director</li> <li>O Personnel Manager</li> <li>O Business Manager</li> <li>O Financial Manager</li> <li>O Clerical/Technical/Professional/Support</li> </ul>	O PAYROLL O PERSONNEL O PERSONNEL & PAYROLL
IF OTHER THAN ABOVE CATEGORIES AND FUNCTIONAL RESPONSIBILITIES, PLEASE PROVIDE JUSTIFICATION FOR ACCESS:	
SECURITY ACCESS BEING REQUESTED: PROCESSING COMPANY NUMBER(S)	
PA PE	UPDATE INQUIRY AYROLL O O ERSONNEL O O ERSONNEL&PAYROLL O O
IS THIS A NEW USER REPLACING A PREVIOUS POSITION INCUMBENT? OYES O NO IF YES, PLEASE ENTER A NAME:	
CERTIFICATIONS AND AUTHORIZATIONS  I have reviewed this application for MFASIS Human Resources Security access and hereby certify the above named user is authorized to receive the requested access for the completion of the responsibilities of his or her assigned position.	
USERS SIGNATURESUPERVISOR'S SIGNATURE	DATE/_/ DATE/_/
AGENCY SECURITY	
COORDINATOR SIGNATURE	DATE/
Approvals (for other than automatic categories and functions)  BUREAU OF ACCOUNTS & CONTROL DATE/  BUREAU OF HUMAN RESOURCES DATE/	
BUREAU OF THE BUDGET DATE/ DATE/	